## 2005

#### MASSACHUSETTS DEPARTMENT OF REVENUE

## MASSACHUSETTS ESTIMATED INCOME TAX

File voucher no. 1 with first payment, voucher no. 2 with second payment, voucher no. 3 with third payment and voucher no. 4 with fourth payment. Mail to: Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.

#### **VOUCHERS ARE ON PAGES 2 THROUGH 5**

1 EC	Massachusetts
1-E2	Department of Revenue

## Estimated Tax Payment — 2005

	Note: Tou must make an entry in line 3.						
Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending			
			1	MONTH /	DAY	YEAR	
Last name (print)	ast name (print)  First name and initial (and spouse's, if joint return )  1. Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet						
Street address				Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):     \$			
City/Town State Zip				3. Amount of this insta estimated tax works \$	,	of	
Return this voucher with che	ck or money order payable to:			Check which form you plan to file:			
Commonwealth of Massachusetts.				Form 1 Form 1-NR/PY Full-Year Resident Nonresident/Part-Year Resident			
Mail to:  Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.  For Privacy Act Notice, see instructions for the form you file.				☐ Telefile	Nonresident Return	Composite	

4		Massachusetts
ı	<b>-</b> E3	Department of Revenue

## Estimated Tax Payment — 2005

	Note: Tou must make an entry in line 3.						
Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending			
			2	MONTH /	DAY	<b>/</b> YEAR	
Last name (print) First name and initial (and spouse's, if joint return )				Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):			
Street address	Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):						
City/Town	Stat	e Zip		Amount of this instates estimated tax work	`	ne 11 of	
Return this voucher with che	ck or money order payable to:			Check which form you plan to file:			
Commonwealth of Massachusetts.				Form 1 Form 1-NR/PY Full-Year Resident Nonresident/Part-Year Resident			
Mail to:  Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.  For Privacy Act Notice, see instructions for the form you file.				☐ Telefile		ident Composite	

	Massachusetts
1-69	Department of Revenue

## Estimated Tax Payment — 2005

				Note: You must make an	entry in line	3.	
Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated tax for the year ending			
			3	MONTH /	DAY	/	YEAR
Last name (print)	First name and initial (and spo	use's, if joint return)		Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):			
Street address				Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):			
City/Town	Sta	ate Zip		3. Amount of this instate estimated tax works \$	,	m line 1	1 of
Return this voucher with chec	k or money order payable to:			Check which form you plan to file:			
Commonwealth of Massachusetts.				Form 1 Form 1-NR/PY Full-Year Resident Nonresident/Part-Year Resident			
Mail to:  Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.  For Privacy Act Notice, see instructions for the form you file.				☐ Telefile	☐ Nor		t Composite

1		Massachusetts			
	<b>-</b> E3	Department of Revenue			

# Estimated Tax Payment — 2005 Note: You must make an entry in line 3.

					,		
Social Security number	Spouse's Social Security no.	Due date	Voucher	Estimated ta	ax for the year	ending	
			4	MONTH /	DAY	YEAR	
Last name (print)	First name and initial (and spo	use's, if joint return)		Estimated quarterly tax on 12% income (from line 2c of estimated tax worksheet):			
Street address				Estimated quarterly tax on long-term capital gain income (from line 3c of estimated tax worksheet):     \$			
City/Town	Sta	ate Zip		3. Amount of this inst estimated tax work  \$		ne 11 of	
Return this voucher with check	or money order payable to:			Check which form you plan to file:			
Commonwealth of Massachusetts.				Form 1 Form 1-NR/PY Full-Year Resident Nonresident/Part-Year Resident			
Mail to:				Telefile		dent Composite	
Massachusetts Department of Revenue, PO Box 7007, Boston, MA 02204.  For Privacy Act Notice, see instructions for the form you file.				Literalie	Return	dent Composite	